

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	70305	4-19-99
O.I.P.E. CLASSIFIER		19	4/21/99
FORMALITY REVIEW		10427	5-3-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5/12
2	5/12
3	5/12
4	5/12
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50	5/12

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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